DC-108
Revised 12/07

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
AUTHORIZATION FOR RELEASE OF INFORMATION[1]
(THE EMPLOYEE/INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Name (print)	Inmate/Employee #	Date of Birth	Inmate Social Security #
Robert J. Murray	QA2794	12/05/1970	111-54-7978

Medical/ Dental Records		Mental Health Records		Drug & Alcohol Treatment Records		HIV Information		Records (General)	
	X								

I, the undersigned, hereby give my consent for:
(name and address of facility/***responder***)
Wyoming County Jail
Medical Director
10 Stark Street
Tunkhannock, PA. 18657

To release information to:
(name and address of requester)
Robert J. Murray
SCI Dallas QA2794
1000 Follies Road
Dallas, PA. 18612

I hereby authorize the above named source to release or disclose information related to the above referenced records/ information to the requester during the period beginning 01-01-2019 and ending 05-31-2019. The information being requested is: Medical Records

Authorization for disclosure is being given for the purpose of:
Civil Litigation

Disclosure of medical/dental information may contain all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information, as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV).

Disclosure for mental health records pertains to treatment, hospitalization, and/or outpatient care provided to me for the period listed above. I understand that my record may contain information regarding all aspects of my treatment and hospitalization, including psychological and psychiatric information, drug and/or alcohol information as well as information regarding Acquired Immunodeficiency Syndrome (AIDS) and tests or treatment for Human Immunodeficiency Virus (HIV). ***Authorizations for release of mental health records expire in 180 days.***

Disclosure of HIV related information is information about whether the patient has had a test for HIV, an HIV related illness or AIDS. HIV (Human Immunodeficiency Virus) is the virus that may cause or indicate AIDS or HIV infection.

Disclosure of general information is information contained in an inmate's DC-15. Generally, any communications from the inmate to the Department of Corrections and responses thereto, misconducts, and grievances.

In authorizing this disclosure, I explicitly waive any and all rights I may have to the confidential maintenance of these records, including any such rights that exist under local, state, and federal statutory and/or constitutional law, rule or order, including those contained in the Pennsylvania Mental Health Procedures Act, ***(MHPA) 50 P.S. §7101 et seq.,*** the Drug and Alcohol Abuse Control Act, ***71 P.S. §1690.101 et seq.,*** and the Confidentiality of HIV-Related Information Act, ***35 P.S. §7601 et seq.***

I understand that I have no obligation to permit disclosure of any information from my record and that I may revoke this authorization, except to the extent that action has already been taken, at any time by notifying the Medical Records Director/ Technician , Health Care Administrator, or Facility Manager. In any event, this authorization will expire ***180*** days after the date signed, unless revoked prior to that time.

I understand that these records are the property of the Department of Corrections and that my authorization for their release does not require the Department of Corrections to release these records. It is understood by the above requester that if the requested information's confidentiality is protected by Federal Regulations that bar secondary dissemination or re-disclosure, the providing facility will provide a statement to that effect.

Furthermore, I will indemnify and hold harmless the Pennsylvania Department of Corrections, and its employees and agents, for any losses, costs, damages, or expenses incurred because of releasing information in accordance with this authorization.

Robert J. Murray	9-29-21	[signature]	9-29-21
Employee/Inmate Signature	Date	Signature of Witness	Date

White Copy - Responder ***Yellow Copy - Requester*** ***Pink Copy - Inmate***

[1] ***2-CO-1E-07***